



The Commonwealth of Massachusetts
Division of Professional Licensure

239 Causeway Street ☐ Boston, MA 02114
www.state.ma.us/reg/boards/el

Board of State Examiners of Electricians
(617)727-9931

NOT TO BE USED BY VOCATIONAL TRADE SCHOOLS

FORM 225

CERTIFICATE OF SCHOOL EXPERIENCE
Application for the Journeyman Electrician and Systems Technicians Exam

To be use for courses taught within Massachusetts
Day or Evening programs

TO THE STATE EXAMINERS OF ELECTRICIANS

THE FOLLOWING IS TO BE COMPLETED BY SCHOOL OFFICIALS

Subject to the penalties set forth in Section 5 of chapter 141 of the General Laws, I subscribe to and vouch for the statement made by me that

_____ completed classroom instruction at
Name of Applicant Address Social Security Number

_____ completed classroom instruction at
Name of School Course attended with hours of classroom instruction

From _____ 20 _____ To _____ 20 _____
Date of Enrollment of Course Date of Completion of Course

IN STATE-APPROVED ELECTRICAL PROGRAM ONLY

Name of Designated School Official - Type or Print Title

Signature of Designated School Official Date

IMPRINT SCHOOL SEAL HERE

General laws, Chapter 141 Section 9. Any person making any misstatement as to experience or other qualifications, or any person, firm or corporation subscribing to or vouching for any misstatement, shall be subject to penalties set forth in.